

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

IECEIVEL)
JAN 1 4 2010

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF THOOME (1, M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name		Office:
David E. Richardson		☐ House ☐ Senate
Mailing address	The Address of the Control of the Address of the Ad	District
634 Hampden Rd		2-3
City, zip code	P Blandwidterhalt werfand et en et eft de deutste de en	Phone
Carmel 04419		207-848-3040
PART 1. INCOME D	ERIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer from w	whom you received compensation of \$1,000 or	more. Specify the principal type of
economic activity of each employer.		\$\text{2.500}\$\$ \$\text{2.500}\$\$ \$\text{2.500}\$\$ \$\text{2.500}\$\$ \$\text{2.500}\$\$ \$\text{2.500}\$\$ \$\text{2.500}\$\$ \$\text{2.500}\$\$ \$\text{2.500}\$\$\$ \$\text{2.500}\$\$\$ \$\text{2.500}\$\$\$ \$\text{2.500}\$\$\$ \$\text{2.500}\$\$\$\$ \$\text{2.500}\$\$\$\$ \$\text{2.500}\$\$\$\$ \$\text{2.500}\$
Name of Employer	Address	Principal Type of Economic Activity of Employer
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		No and Accompany
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		жение можения на применения н
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	ME DERIVED FROM SELF-EMPLOYMEN egislators who are self-employed.)	
A. List the name and address of your business, if an associated with a partnership, firm, professional associated. entity.		
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name:		· · · · · · · · · · · · · · · · · · ·
Address:	Via Lagrance and	HILL MAAAAMINAAN
может по		
Address:		T-Selection of the selection of the sele
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PART 2 (continued). INCOME DERIVED (For Legislators who are set		YMENT
B. List each source of income derived from self-employment that represents greater, and specify the principal type of economic activity of the entity or disclosure is prohibited by law, rule, or an established code of professional entity or person from whom the income was derived.	person from whom you	derived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:		
Name:		
Address:	THE RESIDENCE OF THE PROPERTY	
PART 3. MAJOR AREAS ((For Legislators who are attorne		
List your major areas of practice. If associated with a law firm, list the major a	areas of practice of your fi	
Name and Address of Firm	Major Areas of Pra (self)	actice Major Areas of Practice (firm)
Name:	100	
Address:		000077777103881-7+14
Name:	All Department of the Control of the	
Address:	2	Adamany
PART 4. OTHER SOURCE	S OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of the	nis form. Do not include g	gifts. If none, check the box.
□ None	. And Specialist of August of August (1944) special construction to the construction of August (1946) for the	AAANINENDERDADITAANISTATIONEET TOO TOO TOO TOO TOO TOO TOO TOO TOO
Name and Address of Source	in description (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Kind of Income (investments, leases, etc.)
Name: Maine State Refirement		Pension
Address: AUGUSTA		van-
Name:		
Address:		THROUGH IN COLUMN TO A COLUMN
PART 5. REPORTABLE I	LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that	you received during the	reporting period, and list the major
areas of economic activity of each creditor. Do not list credit card liability or lo	ans from a relative. If no	ne, cneck the box.
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	s et konstrumen i sistema kust konstitus kant sistema kutikinaan kiteti kun Sirita kiteti dia kana dari sistema	the terminal through the section and control to the color of the color of the terminal to the color of the co
Address:		and A Company and Annual Annua
Name:	STATE OF THE PROPERTY OF THE P	
Address	No.	88.

PART 6.	. REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Incl none, check the box.	lude gifts with an aggregate v	alue of more	e than \$300 from a single source. If
☑ None			met der den met der 200 des des met den de mengen gemengemengen des
Name of Source of Gift	An and the land of	Name of	Source of Gift
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2.	4.	ridin ili dirahaman waxaya waxay	
	EPORTABLE HONORARI		
List the source of any honoraria accepted for appearances or	speeches related to your legi	islative respo	onsibilities. If none, check the box.
☑ None Name of Source of Honoraria		eren di anamoni e en este este esta de la composito de la composito de la composito de la composito de la comp	
Name of Source of Honoraria 1.	र्वतीयां के ने प्रत्यान के प्रत्याचार के विद्यालया के प्रत्याच्या के प्रत्याच्या के विद्यालया के विश्वास के वि 	Name or Sur	urce of Honoraria
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2.	4.		
PART 8. REPRESENT	TATION BEFORE STATE	AGENCIES	
List each executive branch agency before which you represe	ented or assisted others for o	ompensatior	of any amount. If none, check the
None	terrent er en	PHILADA CANDO CALLA CANDADA ANGO A CANDADA	MANGEL STEER AND
Name of Agency	Action and the result of the r	Name	of Agency
1.	3.		
2.	is the state of t	48 (444), 2013, 2014, 144, 144, 144, 144, 144, 144, 144,	
PART 9. BUSIN	IESS WITH STATE AGEN	CIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	er of your immediate family s	old goods o	r services with a value in excess of
None	reneron terres trade de la companya de la companya La companya de la companya de	enstationiatiologia pathemaissistikhivetiatik	kradistumbannungummengappipipipipipipipipipipipipipipipipipip
Name of Agency		Name	of Agency
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PART 10. INCOME RECEIVE	ED BY MEMBERS OF IMM	IEDIATE F.	AMILY
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not it	I of income represented. If yo	received by our spouse o	your spouse or domestic partner or or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name: Diana Richardson	1. fund vaising/secretor	4 Spouse or	1. Salary/Employment
Job Title: Admin Assistant	2. 3.	Domestic Partner	2. 3.
	J.	Dependent	
If dependent child(ren) receive more than \$1,000 of income		Child	
for the reporting period, list only the type of economic activity and the kind of income.	· ·	Dependent Child	
		Dependent Child	жий балиний и почения на тороди и почений до

☐ None						
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PART 11. OFFICER OR DIRECTOR POSITIONS